



**Colorado Division of Real Estate**  
1560 Broadway, Suite 925, Denver, CO 80202  
(303) 894-2166, [dora\\_realestate\\_website@state.co.us](mailto:dora_realestate_website@state.co.us)

## Certificate of Independent Coverage for Colorado Real Estate Brokers

*This form is only required for applicants/licensees who have not purchased their policy through the state-contracted group provider. In the below form, an "Umbrella" policy is defined as a policy that covers the business entity (corporation, partnership or LLC) and all licensees working for that company.*

### Type of Coverage:

\_\_\_\_\_ **Umbrella Policy**

\_\_\_\_\_ **Individual Policy**

### Named Insured:

_____ Name of Individual Insured	_____ License Number (or pending)	_____ License Expiration
_____ Company Name	_____ Business Address (Street, City, State, Zip)	
_____ Company Phone	_____ Email Address	

### Affidavit by Insurance Provider *(To be completed by the insurance agency issuing the policy)*

Pursuant to Colorado Real Estate Commission (CREC) Rule D-14, the insurance representative signing below certifies to the CREC that:

1. The insurance company listed below is in compliance with CREC Rule D-14.
2. The named insured, and in the event the named insured is a corporation, partnership or limited liability company, all employed licensees or licensees who may become employed during the course of the policy period, are insured against claims resulting from errors and omissions as a real estate licensee.
3. The policy referenced below includes, at a minimum, the coverage set forth in Commission Rule D-14.
4. The insurance company listed below hereby agrees to immediately notify the named insured and the CREC (1560 Broadway, Ste. 925, Denver, CO, 80202) **in writing** of any cancellation or lapse in coverage.

**Insurance representative, please complete the following information:**

_____ Policy Number	_____ Policy Purchase Date	_____ Policy Effective Date	_____ Policy Expiration Date
_____ Insurance Agency Name	_____ Insurance Agency License Number		
_____ Insurance Company Address	_____ City	_____ State	_____ Zip
_____ Insurance Carrier Name	_____ Insurance Carrier NAIC Number		

I declare under penalty of perjury in the second degree pursuant to C.R.S. 18-8-503 that I have read and understand the statute and rule on the reverse side of this form and the statements made in this application are true and complete to the best of my knowledge.

_____ Print Name of Insurance Representative	_____ License Number	
_____ Title of Insurance Representative	_____ Signature of Insurance Representative	_____ Date